

**APPLICATION CHECKLIST FOR
ADULT EDUCATION LITERACY LICENSE**

1. If you are requesting your Initial AEL certificate the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Adult Education and Literacy Certificate. Section II of the application **must** be completed and signed by an employer.

☐ **Background Packet**

A criminal background check must be completed. Please contact Identix to schedule an appointment by calling 866-522-7067 or online at <http://www.identix.com/iis/>. The current processing fee for this procedure is \$50.95. Please provide the following information when contacting Identix:

- County/District code number of the hiring school district; if not employed please use code number 999999;
- Your certification status, which will be a certified educator (E); and
- DESE's ORI number, which is MO920320Z.

Any questions regarding this portion of the application process should be directed to the Department of Elementary and Secondary Education, Conduct and Investigations Section at 573-522-8316.

☐ **Out-of State Processing Fee**

If you reside outside the state of Missouri you must submit a \$50 check or money order made payable to "Treasurer, State of Missouri."

2. If you are requesting an extension of your Initial AEL or AEL-I certificate the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Adult Education and Literacy Certificate. Section II of the application **must** be completed and signed by an employer. **There is no fee required for this type of request.**

3. If you are requesting your AEL certificate be upgraded to a Career certificate, the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Adult Education and Literacy Certificate. Section II of the application **must** be completed by the employing Missouri school district.

☐ **Processing Fee**

If you hold an **Initial AEL or an AEL-I** certificate, a \$35 check or money order made payable to "Treasurer, State of Missouri," is required.

4. If you are requesting a reactivation of your Initial AEL or Career AEL certificate the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Adult Education and Literacy Certificate. Section II of the application **must** be completed by the employing Missouri school district.

☐ **Reactivation of an inactive certificate may require an upgrade fee and an up-to-date background/fingerprint check. Please discuss this with your employer.**

5. If you currently hold an AEL certificate and are requesting a high quality Career AEL certificate, the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Adult Education and Literacy Certificate. Section II of the application **must** be completed and signed by an employer. There is no fee required for this type of request.

☐ **Documentation**

Two of the three must be documented:

- ✓ Verification of 10 years of approved AEL teaching experience; or
- ✓ Master's degree in education or in an area of certification. Original transcripts **MUST** be submitted showing degrees conferred; or
- ✓ National Board Certification. Supporting documentation **MUST** be submitted.

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE!

An incomplete packet will not be processed. Mail the complete application packet to:

**Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>**

You can check the status of your application on our website at
http://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051
APPLICATION FOR MISSOURI ADULT EDUCATION AND LITERACY CERTIFICATE

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION		
SOCIAL SECURITY NUMBER*		OUT-OF-STATE APPLICANT FEE ENCLOSE A \$50.00 CHECK OR MONEY ORDER (made payable to Treasurer, State of Missouri)
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)		INCLUDE A \$35 CHECK OR MONEY ORDER (made payable to Treasurer, State of Missouri) FOR UPGRADING FROM AN INITIAL OR AEL-I TO A CAREER CERTIFICATE
ALL MAIDEN/FORMER NAMES		<u>Background/Fingerprint Clearance is required</u>
STREET ADDRESS		EMAIL ADDRESS
CITY, STATE, ZIP CODE		
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	PHONE NUMBERS H () W ()

B. PURPOSE OF APPLICATION: Check appropriate box

- ☐ 1. I am requesting my Initial AEL certificate (Section II, parts A, F, and G must be completed by a program director or school district official). **Out-of-State Applicants must include a \$50 check or money order made payable to "Treasurer, State of Missouri."**
- ☐ 2. I request an **extension** of my Initial AEL or AEL-I classification. (Section II, parts B, F, and G must be completed by a program director or school district official.) **There is no fee required for this type of request.**
- ☐ 3. I request that my classification be **upgraded** from AEL-I, AEL-II, or Initial AEL to a Career AEL (Section II, part C, F, and G must be completed by a program director or school district official). **ONLY AEL-I and Initial certificate holders, must include a \$35 check made payable to "Treasurer, State of Missouri".**
- ☐ 4. I request a **reactivation** of my Initial AEL or AEL-I (Section II, part D, F, and G must be completed by a program director or school district official). **There is no fee required for this type of request. An up-to-date background/fingerprint check may be required.**
- ☐ 5. I request a **high-quality** Career AEL; thereby exempting me from certain requirements. (Section II, part E, F, and G must be completed by a program director or school district official.) **The upgrade fee is required for this type of request.**

C. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

*View the Social Security number disclosure at http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

D. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to continually access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE

DATE

SECTION II: RECOMMENDATION FROM EMPLOYING PROGRAM OR SCHOOL DISTRICT: (A-G to be completed by school official)**A. To be completed if applicant is requesting an INITIAL CERTIFICATE.**☐ Applicant has completed a Beginning Teacher Workshop (BTW) – Date completed _____☐ Applicant has completed a bachelor's degree.

College/University _____ Degree _____ PLEASE ATTACH ORIGINAL TRANSCRIPTS.

B. To be completed if applicant is EXTENDING their initial certificate:☐ Applicant has completed _____ years of Department of Elementary and Secondary Education (DESE) approved teaching experience.☐ Applicant has demonstrated continued progress with his/her professional development plan that is on file with our district.☐ Applicant has completed _____ contact hours of appropriate professional development (sometimes called ETW's and in-services).☐ Applicant has successfully participated in the yearly performance based teacher evaluation program.☐ Applicant has been mentored for two-years.☐ Applicant has participated in a beginning teacher assistance program (or ITW).**C. To be completed if applicant is UPGRADING AN INITIAL AEL, AEL-I, OR AEL-II CERTIFICATE:*****AEL-I & INITIAL AEL certificate holders must attach a \$35 check or money order made payable to Treasurer, State of Missouri.**☐ Applicant has completed four (4) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.☐ Applicant has developed and implemented a professional development plan that is on file with our district.☐ Applicant has participated in and successfully completed a two-year mentor assistance program.☐ Applicant has participated in a beginning teacher assistance program (or ITW).☐ Applicant has completed 60 contact hours of appropriate professional development (sometimes called ETW's and in-services).☐ Applicant has successfully participated in the yearly performance based teacher evaluation program of this district.**D. To be completed if applicant is requesting a REACTIVATION OF AN INACTIVE CERTIFICATE:**☐ Applicant has/will complete 24 contact hours of professional development within six months prior to or after renewal or reactivation of this certificate.
Applicant understands that the yearly professional development hours are in addition to the 24 contact hours.**E. To be completed if applicant is REQUESTING A HIGH QUALITY CAREER CERTIFICATE**☐ Applicant has demonstrated continued progress with his/her professional development plan that is on file with our district **AND TWO OF THE THREE FOLLOWING ITEMS:**☐ Applicant has completed ten (10) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.☐ Applicant has completed a master's degree.☐ Applicant has completed National Board Certification.**IMPORTANT:****ORIGINAL TRANSCRIPTS VERIFYING SATISFACTORY COMPLETION OF REQUIRED COURSEWORK MUST BE INCLUDED WITH THIS APPLICATION IF REQUIRED.****F. Verification of approved AEL teaching experience – To be completed by school official for all upgrading applicants.**

One-year of teaching experience requires a minimum of one-hundred (100) hours of teaching in an AEL program or other state approved agency per fiscal year. Substitute teaching and serving as a teacher's aide or assistant does not qualify as teaching experience. Document here the total years of AEL teaching experience, which includes those years completed at previous district(s) as well as those years completed at this district.

Total teaching experience at previous district(s) _____ years _____ months

Total teaching experience at this district _____ years _____ months

Total approved teaching experience _____ years _____ months

G. To be completed by school official for all applicants.

I verify that _____ has provided documentation for all of the above information and the information is true and complete to the best of my knowledge.

SIGNATURE OF SCHOOL OFFICIAL

DATE

NAME OF SCHOOL OFFICIAL

SCHOOL DISTRICT

TITLE OF SCHOOL OFFICIAL

SCHOOL TELEPHONE

EMAIL ADDRESS

SCHOOL ADDRESS

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY:

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

PLEASE RETURN THIS FORM TO
EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!

<http://dese.mo.gov>